

NUTRITION AND WELLNESS
Assessment Review
Registration Form for Previously Trained Teachers
June 21, 2010
Manila High School FACS Dept.
Manila, AR

Registration Fee \$125
Deadline for Registration May 28, 2010. No Refunds after this date.
Maximum number of participants is 30.

Name: _____

School: _____

Home Address: _____
City State Zip

Home Telephone: _____ E-Mail Address _____

School Telephone: _____ School Fax: _____

Teacher:

I understand that this in-service includes information specific to improving End of Test scores in Nutrition and Wellness and that I am attending in an effort to increase the number of students scoring proficient in that area.

Teacher Signature _____ Date _____

Superintendent:

I agree to support this course as an offering in the Family and Consumer Sciences Department and will allow the FACS teacher to attend this in-service.

Superintendent Signature _____ Date _____

Deadline for Registration May 28, 2010 (Postmarked)

There will be no refunds after this date.

To complete the registration, you must mail this form along with a check or purchase order for \$125 to the FACS State Office. Registration does not cover lodging. If you have any questions please call 501-682-1115

Method of Payment: ☐ Enclosed School Check # _____ ☐ Enclosed Personal Check # _____
☐ Purchase Order # _____ Name of Organization _____

Make Checks or Purchase Orders **PAYABLE TO:** **AATFACS / FACS Inservice**
MAILED TO: Suellen Ward, FACS Program Manager
#3 Capitol Mall Room 600
Luther S. Hardin Building
Little Rock, AR 72201

Registration forms with PO# may be **FAXED TO:** 501-682-9440